PTO/SB/22 (08-

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket No. (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 8734.275.00-US In re Application of Dong Jae YOU, et al. **Application Number** SEP 1 6 2005 10/736,665 December 17, 2003 LIQUID CRYSTAL DISPLAY DEVICE WITH DIGITIZER AND For: METHOD FOR FABRICATING THE SAME Art Unit 2871 Examiner Phu Vu This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) \$ Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) September 16, 2005 Date (202) 496-7500 Valerie P. Hayes Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

forms are submitted.

09/19/2005 JADDO1

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Total of

01 FC:1251

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Effective on 12/08/2004 Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
		Application Number	10/736,665	
FEE TRAN	SMILIAL	Filing Date	December 17, 2003	
FOR FY 2005		First Named Inventor	Dong Jae YOU Phu Vu	
		Examiner Name		
☐ Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2871	
TOTAL AMOUNT OF PAYMENT	(\$)120.00	Attorney Docket No.	8734.275.00-US	

METHOD OF PAYMENT (check all that app	ıly)						
■ Check ☐ Credit	■ Check □ Credit Card □ Money Order □ None □ Other (please identify):							
□ Deposit Account □ Deposit Account Number 50-0911 □ Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
■ Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						414d		
information and authorization		come public. Cr	redit card inforr	nation should not	be included on	this form. Pro	ovide cred	iit card
FEE CALCULATION		,						
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	s					
	FILING F		SEARCH			TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							F (A)	Small Entity
Fee Description Each claim over 20 or, for f	Reissues each	claim over 20	and more than	in the original pa	atent		Fee (\$) 50	<u>Fee (\$)</u> 25
Each independent claim ov						ent	200	100
Multiple dependent claims Total Claims E	xtra Claims	Fee (\$)	Fee Pa	id (\$)	Multit	ole Depende	360 ent Claim	180 IS
	×		. =	<u>Fee (\$)</u>			Fee Pai	
HP = highest number of total cl		•	5 - D-					
Indep. Claims E	xtra Claims	Fee (\$)	Fee Pa	ia (\$)				
HP = highest number of indepe								
3. APPLICATION SIZE FE								
If the specification and drav 50 sheets or fraction t					ue is \$250 (\$12	5 for small e	ntity) for	each additional
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$) 100 = / 50 = (round up to a whole number) x =						1 (\$)		
4. OTHER FEE(S)	/ 50 =		_ (round up to a	whole number)	х		Fee Pai	 id (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other: Petition for One-Month Extension of Time					120.	00		

SUBMITTED BY			
Signature	Valerie P. Hayes	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Valerie P. Hayes	53,005	Date September 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.